

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		67834	1/12
O.I.P.E. CLASSIFIER	FW	52	5/3
FORMALITY REVIEW		01508	1/27/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	7-10-03
2	10-13-04
3	✓
4	✓
5	✓
6	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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